

FILED FEB 23 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4287**Registrar's No. **23**

BIRTH NO. _____		REG. DIST. NO. <b>61</b>		PRIMARY REG. DIST. NO. <b>4107</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH a. COUNTY <b>Cedar</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>El Dorado Springs</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>El Dorado Springs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chambers Nursing Home</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Sarah</b>		a. (First) <b>B.</b>		c. (Last) <b>Lowther</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 16, 1870</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William H. Hartline</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah M. Kennedy</b>		14. NAME OF HUSBAND OR WIFE <b>Silas C. Lowther</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maggie Schwalm, El Dorado Spgs., Mo.</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypostatic pneumonia</b> DUE TO (c) <b>Fracture of hip</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  6' 9" 30				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>50 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>El Dorado Spgs. Cedar Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 29 1948 4:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on ice in back yard</b>			
22. I hereby certify that I attended the deceased from <b>12-29, 1948</b> , to <b>2-16, 1949</b> , that I last saw the deceased alive on <b>2-15, 1949</b> , and that death occurred at <b>12:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ch. Kunderwirth D.O.</b>				23b. ADDRESS <b>El Dorado Spgs. Mo.</b>		23c. DATE SIGNED <b>2-18-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 17, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>El Dorado Springs Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>El Dorado Springs, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB. 19, 1949</b>		REGISTRAR'S SIGNATURE <b>for F. K. Knowlton</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Twinn-Carother</b> ADDRESS <b>El Dorado Spgs., Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-49-116

Date Filed 2-21-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.